City of Norman CITIZENS ADVISORY BOARD

Please complete the following application and attach a resume containing your life history and relevant experience to serving on the Citizens Advisory Board.

Personal Information:									
Last Name	First Nan	irst Name		Age Date of Bir		irth	rth Social Security #		
						I			
Home Address			City		State		Zip Code		
Driver's License Number & State		Цот	Homo Tolonhono C			ell Phone Work Pho		Work Phone	
Driver's License Number & State		1101	Home Telephone			Cell I lione		WOLK FIIOLIC	
Occupation & Employer Address						Email Address			
Appointment to the Citizens Advisory Board requires a member be a permanent resident in the City of Norman.									
Please Circle AnswerInclude Address on Line Below Question (If YES)									
I am a permanent resident of the City of Norman						YI	ES	NO	
If yes, provide address									
While not an automatic disqualifier, failure to list a criminal conviction (other than traffic) may									
result in disqualification	<u>-</u>	iui e u) list a CI	ıııııaı	COIIVI	ction (o	uner u	nan traine) may	
Please list any criminal		her tha	n traffic).	If nece	essary.	use the	e back	of this page.	
Type of Incident Date						Location			
V 1									
A nominee to the Citizer	ns Advisory Ros	ard an	d any me	mher <i>(</i>	of the	nomina	ee's im	mediate family	
A nominee to the Citizens Advisory Board and any member of the nominee's immediate family may not be currently employed by the City of Norman, nor may the nominee or any immediate									
family member be a former sworn employee of the Norman Police Department.									
Are you or any of your in	nmediate family	memb	ers currei	ntly em	ployed	d by the	City o	of Norman, or have	
you or any immediate	•			•		•	•		
YES				NO					
A nominee may not cur	cently be a part	y nor l	be a legal	repres	sentati	ive in li	tigatio	on against the	
City of Norman.		4 - 4	: : 1:4:-	4 1	1	41 C'4	C NI	· 0	
Are you currently a pa	erty or legal repre	esentat	1ve in 11tiş	gation a	againsi		NO	orman !	
List your motivation to		AR 20	s well as	organi	zation			mity activities.	
List your monvation to	serve on the inc	AD as	s well as	organi	Zauon	s and C	OIIIIIu	inity activities.	
						_			
Signature of Applicant:					Date:				

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Resume submitted upon receipt: _____ Background check completed: _____ Reviewed by Selection Board: _____